LIVE WEBINAR · JULY 28, 2026

5 ABA Intake Mistakes That Ruin Your Speed to Services

…and how to fix them

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While we wait, drop it in the chat: **Where are you joining from — and how many clients do you serve?**

BEFORE WE START

Who's in the room today?

Your setting

Center-based, in-home, or hybrid?

Your footprint

Solo location or multi-site?

Your caseload

How many clients in service right now?

Answers in the chat.

THE PROMISE

Your intake lives in six places. None of them talk to each other. So you hire someone. Add a spreadsheet. Follow up harder.

Intake is an architecture problem — not an admin problem.

THE NUMBER YOUR FAMILIES ALREADY FEEL

Speed to Services

Lost revenue

Idle clinicians

Families who drift

Every day of delay costs all three — and none of it shows on a P&L because it’s an invisible cost to your organization.

IN THE NEXT 60 MINUTES

What you'll walk away with

The 5 mistakes

Named, diagnosable, and in the order practices usually make them.

Your own leaks

You'll see exactly where your process is losing days — and families.

The next level

What intake looks like when it's built as architecture, not habit.

Chat: what would you most want to fix about your intake?

A QUICK REFRAME · YOUR OWN SCIENCE

Learn like a clinician, not a student

Information transfer

- Notes that get filed away
- “Good ideas” with no behavior change
- Nothing different on Monday

Skill acquisition

- **“This makes me realize…”**
- **What will I STOP doing?**
- **What will I test on Monday?**

You teach mastery learning for a living. Today, turn it on yourself.

BEFORE WE DIVE IN

Two ways to use today

PATH 1 - DO IT YOURSELF

Everything I teach today is the complete framework. Take it and run Monday morning — no call, no catch.

PATH 2 - DO IT WITH HELP

At the end, I'll offer a private working session: we walk through your intake architecture together — and ABA Engine is how we build the fix.

WHY YOU'RE REALLY HERE

Why you started this practice

- More families served — the reason you got licensed in the first place
- Stability — for you, your team, and your own family
- A practice that runs without you in every decision

Chat: what's the ONE biggest goal for your practice this year?

While intake is broken:

A family is waiting.
A child is going without services.

MY STORY

I ran my practice like a clinician, until I hit the wall

The old identity

Hands in everything. Running the company on clinical instinct. No systems; just effort.

The break

The panic attacks started. I couldn't keep controlling everything.

The revelation

Put a dollar value on your hour. Then stop doing anything that costs less.

Then I rebuilt on architecture — and did it across three companies.

WHAT ARCHITECTURE DID · MARYLAND

~~60~~ → 30

days from first contact to services started

Not by working harder. By fixing the architecture.

Built, scaled, and exited three ABA companies · Why ABA Engine exists

NOT ONE PRACTICE'S STORY

The same gap, at every size

Across dozens of practices, from brand-new startups to $5M+ organizations with over 100+ clients in service, different teams, different tools, same intake gap.

That's not opinion. That's pattern recognition and it's where ABA Engine came from.

Five mistakes. Let's go.

1

MISTAKE #1 OF 5

Handling intake yourself to save money

THE FALSE BELIEF

~~"I'm saving money by doing intake myself — I don't need another person or a tool."~~

THE REFRAME

Your time is the most expensive resource in the business. Every hour on intake is an hour not spent growing your company. That cost never shows on the P&L.

MISTAKE #1 · WHAT TO DO WITH IT

The cost that never shows on the P&L

- Name the opportunity cost: What is the thing you are NOT doing while chasing intake? supervision, mentoring, strategy
- Owner-bottlenecked intake moves at the owner's spare-time pace and then so does Speed to Services for families
- W. Edwards Deming: “Every system is perfectly designed to get the results it gets.” A system built around you can't scale

LEAVE WITH THIS

Name one intake step you personally handle that doesn't need your clinical or strategic judgment.

That's where you start.

2

MISTAKE #2 OF 5

Waiting until it's broken to fix it

THE FALSE BELIEF

~~*“I'll build a real system when I actually need one — right now it's manageable.”*~~

THE REFRAME

The system you need at your next level has to be built at your current level. By the time it's a crisis, the fix costs 3x and takes twice as long.

MISTAKE #2 · WHAT TO DO WITH IT

“Manageable” — until the week it isn't

- The moment it breaks: three referrals in one week, a lost admin, an insurance change
- Design the environment instead of reacting to it
- Maryland cut 30 days off intake deliberately — while things were “fine,” not in crisis

LEAVE WITH THIS

What does intake need to look like at your NEXT level?

Start building that today — while it's still “fine.”

3

MISTAKE #3 OF 5

Throwing people at a broken process

THE FALSE BELIEF

~~*“If I just hire another admin, this will stabilize.”*~~

THE REFRAME

You can't hire your way out of a structural problem. New hires inherit the broken architecture, which give you higher overhead on the same dysfunction.

MISTAKE #3 · WHAT TO DO WITH IT

60+ families waiting · 3 intake staff · still stuck

- The pattern: train the new hire on the broken process — two months later it's still broken, plus a salary
- “The problem was never people. It was architecture.”
- Speed to Services doesn't improve by adding hands to a process that has no floor

LEAVE WITH THIS

Before your next hire, ask:

“If I handed this person my current process exactly as it is, would the problem be solved?”

If no — it's not a staffing problem.

4

MISTAKE #4 OF 5

Treating communication as an afterthought

THE FALSE BELIEF

~~*“Communication just happens between competent people — everyone knows their job.”*~~

THE REFRAME

Every intake breakdown is a communication breakdown. Rapport with families is built or destroyed before clinical ever meets the child. Communication has to be designed, not assumed.

MISTAKE #4 · WHAT TO DO WITH IT

Design the conversation; don't assume it

- Curse of Knowledge: your team has done this hundreds of times, but this family may have just heard “autism” for the first time
- The availability question: three words a family heard as a promise that erodes weeks of trust
- The “pizza tracker”: families who can see exactly where they are stop calling to ask and Speed to Services is protected

LEAVE WITH THIS

Pick ONE touchpoint.

Look at it through the family's eyes: what does it leave them wondering?

That's your first redesign.

5

MISTAKE #5 OF 5

Building your intake process in silos

THE FALSE BELIEF

~~*“If each department hits its own goals, the intake process will run itself.”*~~

THE REFRAME

Your process is only as strong as its weakest handoff — and you can't see the handoffs when each team optimizes for its own goal without seeing the whole system.

MISTAKE #5 · WHAT IT MEANS

Not a staffing failure. An architecture failure.

The families who fall through don't fall because someone failed.
They fall because the system had no floor.

LEAVE WITH THIS

Map your intake by the family's experience, not by department.
Find the handoffs — that's where Speed to Services leaks.

THE ONE IDEA

Every mistake is the same mistake

1	2	3	4	5
Doing it yourself	Waiting for the crisis	Hiring at the problem	Assuming communication	Building in silos

Architecture.

Fix the system — not the individual fires.

THE NEXT STEP

A Strategy Call on your intake architecture

Not a demo. A diagnosis — and a build plan with ABA Engine.

- We walk through YOUR intake architecture together — where it leaks, and what your next level needs
- The build is ABA Engine — I'll show you exactly how it closes the gaps we find
- For owners actively running a practice who know intake is the problem

Book a Strategy Call

https://tidycal.com/ericakinnebrew/intake-strategy-call

WHAT THIS CONVERSATION IS WORTH

~~$350~~

Today: free — for the owners in this room.

A limited number of calls this week
https://tidycal.com/ericakinnebrew/intake-strategy-call

OPEN FLOOR

Questions

Drop them in the chat — I'll take as many as we have time for.

While we talk: **the Strategy Call link is in the chat** · limited calls this week

BEFORE YOU GO

Nobody taught you intake architecture in grad school

These five mistakes aren't character flaws. They're the predictable result of a great clinician building a business without an operating system.

Families served faster

Staff off the manual treadmill

You back on the real work

The chaos is fixable — whether or not you ever book a call.

Now go fix your intake.

Ready for help? **Book your Strategy Call — https://tidycal.com/ericakinnebrew/intake-strategy-call**

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